

**2012 CPRAM  
REGISTRATION FORM  
MAY 21 & 22 COURTYARD by MARRIOTT-GULFPORT**

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(This form is for conference only, not hotel reservations)

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NAME OF COLLEGE OR UNIVERSITY/CAMPUS

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CONTACT PERSON

E-MAIL ADDRESS

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ADDRESS

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CITY

STATE

ZIP

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OFFICE PHONE

CELL PHONE

PRINT NAMES OF THOSE ATTENDING 2012 CONFERENCE

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_ (CHECK BOX) MORE NAMES ON BACK OF PAGE

NO: ATTENDING \_\_\_\_\_ X \$75.00 =\$ \_\_\_\_\_ TOTAL

**MAIL FORM & CHECKS TO:  
DONNA THOMAS-CPRAM TREASURER  
ITAWAMBA COMMUNITY COLLEGE  
3200 ADAMS FARM ROAD  
BELDEN, MS 38826**

**(662-620-5258-BELDEN)**